

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO 107030634	FILING DATE 04 JUN 2002	
						APPLICANT(S) Steinbrenner		
						CLAIMS		
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51		
2						52		
3						53		
4						54		
5						55		
6						56		
7						57		
8						58		
9						59		
10						60		
11						61		
12						62		
13						63		
14						64		
15						65		
16						66		
17						67		
18			/			68		
19			/			69		
20			/			70		
21			/			71		
22			/			72		
23			/			73		
24			/			74		
25			/			75		
26			/			76		
27			/			77		
28			/			78		
29			/			79		
30			/			80		
31			/			81		
32			/			82		
33			/			83		
34			/			84		
35			/			85		
36			/			86		
37			/			87		
38			/			88		
39			/			89		
40			/			90		
41			/			91		
42			/			92		
43			/			93		
44			/			94		
45			/			95		
46			/			96		
47			/			97		
48			/			98		
49						99		
50						100		
TOTAL IND.			4			TOTAL IND.		
TOTAL DEP.			27			TOTAL DEP.		
TOTAL CLAIMS			31			TOTAL CLAIMS		